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April 11, 2025

City of Portland  
Risk Management/Liability  
1120 SW 5<sup>th</sup> Ave Suite 1040  
Portland OR 97204

Sent Via Email : [LiabilityClaims@portlandoregon.gov](mailto:LiabilityClaims@portlandoregon.gov)

#### TORT CLAIM NOTICE

Re: My Client: Ryan Backhuus  
Date of Loss: 01/26/2025

Risk Management/Liability Department,

I represent Ryan Backhuus who was injured in an accident due to negligence of the City of Portland. I have attached the Claim Form provided from the website which should be considered proper written notice of my client's tort claim against the City.

Best Regards,

/s/Matthew Rizzo



# GENERAL LIABILITY CLAIM AGAINST THE CITY OF PORTLAND

\* for damages to persons or property \*



File Number: \_\_\_\_\_

*A claim must be filed with City of Portland Risk Management within 180 days after the occurrence of the incident or event.*

Normal business hours: Monday through Friday, 8:00am to 5:00pm. Closed on official holidays.

Claims received during regular business hours will be recorded on the date received.

Faxed or emailed claims received after business hours will be recorded on the next working day.

**Please be sure your claim is against the City of Portland, not another public entity.**

*Where space is insufficient, please use additional paper and identify information by section number and letter.*

*Completed forms may be mailed, emailed, faxed, or hand-delivered to:*

Risk Management/Liability, 1120 S.W. 5<sup>th</sup> Ave., Suite 1040, Portland, OR 97204-1912, Ph: 503-823-5101,

Fax: 503-823-6120 LiabilityClaims@portlandoregon.gov

**1. Claimant** (Circle: Mr. Mrs. Ms. Miss) Ryan Backhuus Date of Birth                     

a. Address 1410 SW 11th Ave L-01 City Portland State OR Zip 97201

b. Home Phone                      Business Telephone                      Cell Phone                     

c. Occupation                      d. Marital Status: Single ( ) Married ( ) Divorced or Widowed ( )

If married, name of spouse                     

d. E-mail address                     

**2. If claim involves a vehicle:** a. Year, make and model                     

b. License Plate Number                      Driver's License Number                      State                     

c. At time of accident, were you (check all that apply) Owner:        Driver        Passenger        N/A       

d. Name and address of owner if different from claimant (1. Above)                     

**3. Occurrence or event from which the claim arises:**

a. Date 01/26/2025 Time                      Circle AM / PM

b. Place (exact and specific location) SW Madison & SW 17th Ave

c. Specify the particular occurrence, event, act, or omission by the City that you believe caused the injury or damage (use additional paper if necessary): As Mr. Backhuus was turning from SW Madison onto SW 17th, the front tire of his Lime Scooter caught a divot/pothole in the pavement and caused him to be ejected from the scooter.

d. State how the City of Portland or its employees were at fault: Failure to maintain roadway with one of the roads (SW 17th Ave) being a specified bike route

e. Were you on the job at the time of the accident? Yes        No X

If yes, what is the name / phone number of employer

4. **Description:** Describe the injury, property damage or loss so far as is known at the time of this claim. \_\_\_\_\_

5. **\*We are required to report all claims for injuries to Medicare/Medicaid Services\***

If you were injured please provide the following: Social Security #: XXX-XX-8973

Medicare/Medicaid Beneficiary? Yes \_\_\_\_\_ No ☒

6. **Give the name(s) of the City employee(s) and/or City Bureau causing the damage or injury** \_\_\_\_\_

7. **Name and address of any other person injured** n/a

8. **Name and address of the owner of any damaged property if different from claimant** n/a

9. **Damages claimed:**

a. Amount claimed as of this date: \$ Pending

b. Estimated amount of future costs: \$ Unknown

c. Total amount claimed: \$ \_\_\_\_\_

d. Basis for computation of amounts claimed (include copies of all bills, invoices, estimates, etc.): \_\_\_\_\_

10. **Names, addresses / phone #s of all witnesses** \_\_\_\_\_

11. **Any additional information that might be helpful in considering your claim** \_\_\_\_\_

**WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM! (ORS 162.085)**

I have carefully read the statements made in this claim, including any attached sheets, and I know them to be true of my own knowledge, except as to those matters stated upon information or belief and to such matters I believe the same to be true. I understand and acknowledge that all statements made in this claim are made to a public servant of the City of Portland, and that the statements are in connection with an application for a benefit from the City of Portland.

Date: \_\_\_\_\_

\_\_\_\_\_  
Claimant's Signature

\_\_\_\_\_  
Print Name